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1 UNITED STATES DISTRICT COURT  
2 SOUTHERN DISTRICT OF NEW YORK  
3 -----x

4 ADRIAN SCHOOLCRAFT,  
5 Plaintiff,

6 Case No:  
7 - against - 10 CV 06005

8 THE CITY OF NEW YORK, ET AL.,  
9 Defendants.  
10 -----x

11 111 Broadway  
12 New York, New York

13 January 13, 2014  
14 10:19 a.m.

15  
16  
17 DEPOSITION OF ELISE HANLON, pursuant to Subpoena,  
18 taken at the above place, date and time, before  
19 DENISE ZIVKU, a Notary Public within and for the  
20 State of New York.

21  
22  
23  
24  
25

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1 ELISE HANLON

2 A. Not -- no.

3 Q. What is the protocol when a  
4 person wants to refuse medical attention?

5           A.       If the patient has decisional  
6 capacity, they are alert and oriented times  
7 three, they understand what the situation  
8 is, they understand that the ramifications  
9 if they don't go to the hospital and they're  
10 not under any influence of any alcohol,  
11 drugs or anything that would alterer their  
12 thought process. And if they don't fit into  
13 those categories and they still refuse to go  
14 to the hospital, then we call our medical  
15 control, our telemetry, which is the  
16 physician.

17 MR. SMITH: Can you just read  
18 back that answer for me.

19 | (Record read.)

20 Q. In this circumstance where the  
21 individual who you were going to the scene  
22 of his house on October 31, 2009, was he  
23 alert and oriented three times?

24 MR. SHAFFER: Objection.

25 A. Yes.

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2                 Q.         And did he understand the  
3                 situation?

4                   MR. SHAFFER: Objection.

5                 A.         Yes.

6                 Q.         And was he under the influence  
7                 of any drugs or alcohol that you could  
8                 determine?

9                 A.         I don't know.

10                Q.         Well, did you draw a conclusion  
11                that he was under the influence of any drugs  
12                or alcohol?

13                A.         I did not do the patient  
14                assessment.

15                Q.         You were at the scene, right?

16                A.         Yes.

17                Q.         You were the supervising  
18                paramedic at the scene, right?

19                A.         Yes.

20                Q.         All right, so in your opinion,  
21                did the individual who was at the scene, the  
22                patient, have the ability to request medical  
23                attention?

24                A.         Yes.

25                Q.         I am going to show you what's

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2 being marked as the next Exhibit, it's 65.  
3 It's several different copies, form known as  
4 the PCR and it does not have a Bates Stamp  
5 number on it. Which is a number that's put  
6 on by the parties and I made a few copies of  
7 the form, because I believe it's not an  
8 eight and a half by eleven piece of paper  
9 and some of copies that have been produced,  
10 either by the plaintiff or by the hospital  
11 aren't as clear as they could be. So that's  
12 why I have made this exhibit multiple  
13 generations of the same document. I believe  
14 the original was in the hospital files or at  
15 least an original was in the hospital file.

16                   (Plaintiff's Exhibit 65,  
17                   document, was marked for identification  
18                   as of this date.)

19                   Q.         Lieutenant, are you familiar  
20 with this document?

21                   A.         Am I familiar with these forms?

22                   Q.         Yes. I'm sorry. That's right.  
23 Thank you. Are you familiar with this form  
24 of documents?

25                   A.         Yes.

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2 Q. What is this document, the form  
3 of documents?

4 A. PCR.

5 Q. What is the PCR?

6 A. Patient care report.

7 Q. What is the patient care report  
8 created for?

9 A. A record of the patient contact  
10 with emergency medical services.

11 Q. Is this a form that is required  
12 to be filled by EMTs responding to a  
13 situation out in the field.

14 A. Yes.

15 Q. Is this a form that's required  
16 to be filled out by an EMT, whether they are  
17 fire department EMTs or private EMTS?

18 A. Yes.

19 Q. Is it the same form, whether  
20 fire department or a private ambulance?

21 A. Relatively.

22 Q. There are differences?

23 A. Yes.

24 Q. What are the differences?

25 A. Some of their format is

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2   that was on the scene.

3                   Q.       Are you saying yes, I knew the  
4   EMTs at the scene?

5                   A.       Yes.

6                   Q.       Did you know nobody else who was  
7   at the scene?

8                   A.       No.

9                   Q.       How did you know the two EMTs  
10   who were at the scene?

11                  MR. SHAFFER: Objection.

12                  A.       They work in the neighborhood  
13   that I work in.

14                  Q.       When you got to the scene you  
15   recognized them?

16                  A.       Yes.

17                  Q.       And you knew that they were  
18   Jamaica EMTs?

19                  A.       Yes.

20                  Q.       When you got to the scene what  
21   did you see?

22                  A.       Many police vehicles.

23                  Q.       How many police vehicles?

24                  A.       More than five.

25                  Q.       What kind of police vehicles did

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2       you see?

3       A.       ESU was there, marked RCMPs were  
4       there, I am sure there were unmarked RCMPs  
5       there.

6       Q.       Anything else?

7       A.       I don't recall anything else.

8       Q.       RCMPs are radio patrol cars?

9       A.       Yes.

10      Q.       And there also was an ambulance  
11     there, right?

12      A.       Yes.

13      Q.       Any other cars at the scene that  
14     you saw?

15      A.       Not that I recall.

16      Q.       When you got to the scene how  
17     many people did you see on the street?

18      A.       Numerous.

19      Q.       When you say numerous, what do  
20     you mean?

21      A.       More than 15.

22      Q.       When you drove to the scene,  
23     before you got to the scene, did you have  
24     any discussion with anybody about the job?

25      A.       No.

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2                 Q.     When you got the call from the  
3     911 dispatcher, you got that call on the  
4     radio?

5                 A.     Yes.

6                 Q.     Was that a call directed at you  
7     or was it directed at an individual who fell  
8     into the category requiring your response?

9                 A.     Directed at me.

10                Q.     So the dispatcher Lieutenant  
11     Hanlon, I need you to respond or words to  
12     that effect?

13                A.     Using my radio designation, she  
14     asked me -- I don't know if it was a she.  
15     The dispatcher asked me to respond.

16                Q.     What's your understanding about  
17     why the dispatcher asked you to respond?

18                A.     The call type that I received,  
19     it was a barricaded EDP, which requires  
20     an officer's response.

21                Q.     A lieutenant's response?

22                A.     Yes.

23                Q.     And you were the lieutenant on  
24     duty for that geographic area?

25                A.     The lieutenant apparently that

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2                   A.         No.

3                   Q.         You said that Jamaica Hospital  
4                   was the closest facility, did you tell me  
5                   that earlier today?

6                   A.         Yes.

7                   Q.         When you say closest, you mean  
8                   in as crows fly or how did you make the  
9                   assessment about what the closest hospital  
10                  was?

11                  A.         Should be mileage wise.

12                  Q.         Mileage wise and is there a  
13                  program or software program that you use in  
14                  order to make that determination or is there  
15                  some sort of system that makes that  
16                  determination for you?

17                  A.         Now in our computer system --  
18                  our dispatch system the hospital  
19                  recommendations come up. So the closest  
20                  hospital comes up in the computer.

21                  Q.         Was that true that there was a  
22                  system like that in October 2009?

23                  A.         I don't remember if the same  
24                  system was in effect then.

25                  Q.         So am I correct that you

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2 remember drawing a conclusion that Jamaica  
3 Hospital was the closest hospital, but you  
4 don't remember what the basis for that  
5 statement is?

6                   A.         That we've taken patients from  
7 that area to Jamaica Hospital as using it as  
8 the basis of being closer hospitals. I  
9 don't know if it came as -- if the system  
10 allowed it to come up as the first  
11 recommended. I don't know if that was in  
12 place then. So past practice, we've taken  
13 patients from that area to Jamaica Hospital.

14                  Q.         How that far is that area to  
15 Jamaica Hospital?

16                  A.         I don't know. Their PCRs have  
17 it -- I don't think their PCRs have it.  
18 It's a couple of miles. I don't know. Like  
19 I said, now the computer tells you. Our  
20 PCRs are different than theirs are.

21                  Q.         Okay. Is it also true that  
22 Forest Hills is a few miles away from the  
23 scene?

24                  MR. KRETZ: Objection.

25                  MR. SHAFFER: Objection.

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2                 A.        Most hospitals are within a  
3       couple of miles of each other, yes.

4                 Q.        Well, I am asking for your  
5       knowledge. Isn't it true that Forest Hills  
6       is within a couple of miles of this address  
7       here set forth on the PCR, Exhibit 65, 82-60  
8       88th Place, Glendale; isn't that right?

9                 A.        I don't know the distance.

10      Couple of miles. I don't know the distance.

11      Q.        Was it fair to say that Forest  
12     Hills could be about the same distance as  
13     Jamaica?

14                   MR. SHAFFER: Objection.

15      A.        Possibly a fair statement. I  
16     never did the mileage. I don't know what  
17     the mileage is.

18      Q.        Yeah, I know, but you've been  
19     working in the fire department for 23 years.  
20     This was within your area. So I am curious  
21     of what your knowledge of the distance is?

22                   MR. SHAFFER: Objection.

23      A.        Within -- that hospital is  
24     within the response area of that call. I  
25     don't know what the exact mileage was.

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2                 Q.     When you say response area, what  
3     do you mean?

4                 A.     The area where the call was in  
5     reference to where the hospitals are.

6                 Q.     Do I understand you to be  
7     telling me that Forest Hills and Jamaica  
8     Hospital were two of the hospitals that were  
9     within a certain geographic distance from  
10   the scene of the apartment?

11                 MR. SHAFFER: Objection.

12                 A.     Restate your question.

13                 Q.     Well, what I want to know is if  
14     they're both -- if Forest Hills and Jamaica  
15     Hospitals are both within a few miles of the  
16     apartment, and they're both within the  
17     response area, is it correct that it makes  
18     no difference whether you take a patient to  
19     one facility or the other provided that both  
20     facilities have the medical or psychiatric  
21     requirements of the call?

22                 A.     Yes.

23                 Q.     Was the decision to take, in  
24     this case, the person in the apartment,  
25     Adrian Schoolcraft, to Jamaica Hospital, was

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2    that decision made before the entry into the  
3    apartment or after?

4                   A.       After.

5                   Q.       If the patient had requested to  
6    go to Forest Hills, would Jamaica EMS crew  
7    have taken him there?

8                   A.       It they could.

9                   Q.       Would they be required to do so  
10   with conditions permitting it, even though  
11   they worked for a different hospital?

12                  MR. OSTERMAN: Objection.

13                  MR. SHAFFER: Objection.

14                  A.       They are not required to take a  
15   patient to a specific hospital unless it  
16   fits in the category that's best for the  
17   patient.

18                  Q.       There's nothing -- just because  
19   they're working for Jamaica Hospital doesn't  
20   mean that they have to take the patient to  
21   Jamaica Hospital, right?

22                  MR. OSTERMAN: Objection.

23                  MR. SHAFFER: Objection.

24                  A.       Correct.

25                  Q.       Is it fair to say that there is

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2       a tendency for EMTs who work for a  
3       particular hospital to bring patients back  
4       to the hospitals they're associated with?

5                   MR. OSTERMAN: Objection.

6                   MR. SHAFFER: Objection.

7                   A.       I can't make that assumption.  
8       Our computer recommendations now tell you  
9       what the closest hospitals are.

10          Q.       Well, they give you a choice  
11       though, right?

12                   MR. SHAFFER: Objection.

13          A.       They tell you what the closest  
14       hospitals are. You're supposed to follow  
15       the first recommended hospitals, suggestion.

16          Q.       So the decision to take Officer  
17       Schoolcraft or Adrian Schoolcraft to Jamaica  
18       Hospital, that decision was made in the  
19       apartment?

20          A.       Yes.

21          Q.       What was that decision based on?

22          A.       It was based on proximity, it  
23       was based on his blood pressure. Then he  
24       complained of chest pains. He assented to  
25       go to the hospital and then removed himself

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2 from the ambulance. So at that point it was  
3 based on a psychiatric as well as a medical  
4 aspect.

5                 Q.     Did he complain of chest pains  
6 while you were in the apartment?

7                 A.     No.

8                 Q.     When did he complain of chest  
9 pains?

10                A.     After he removed himself from  
11 the ambulance and went back up to his  
12 apartment and apparently locked himself back  
13 in his apartment.

14                Q.     Did you hear him complain about  
15 chest pains?

16                A.     The police officer came out and  
17 said he was complaining of chest pains.

18                Q.     You didn't know about chest pain  
19 issues when the decision to take him to  
20 Jamaica Hospital was made; is that right?

21                A.     Correct.

22                Q.     So the patient's complaints  
23 about chest pain was irrelevant to the  
24 decision to take him to Jamaica; isn't that  
25 right?

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2 MR. KRETZ: Objection.

3 MR. SHAFFER: Objection.

4 A. At that point his chest pains  
5 were irrelevant. His complaining of chest  
6 pains, Jamaica is a better choice.

7 Q. No, I understand that. I just  
8 want to know what facts were available to  
9 the decision makers and what facts were not  
10 available to the decision makers at the time  
11 they made the decision. Do you understand  
12 my inquiry?

13 A. They based their decision on  
14 Jamaica being a closer facility, on the fact  
15 that his blood pressure was abnormally high,  
16 especially for his age.

17 Q. Was there something about  
18 Jamaica as opposed to Forest Hills or some  
19 other hospital in the response area that  
20 would make Jamaica appropriate for high  
21 blood pressure?

22 MR. SHAFFER: Objection.

23 MR. OSTERMAN: Objection.

24 A. Not necessarily. I don't work  
25 for either hospital. I have no basis on

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2 either hospital.

3                 Q. Who made the decision to take  
4 him to Jamaica Hospital?

5                 A. The EMT crew on the scene.

6                 Q. Do you know which one of the two  
7 people that you identified made the  
8 decision?

9                 A. The recommendation to go to  
10 Jamaica Hospital was done by Mr.  
11 Sangianetti.

12                Q. Do you know whether or not  
13 anybody from the NYPD had any input into  
14 that decision?

15                A. No.

16                Q. Can you turn your attention to  
17 Exhibit 65, please, the PCR. Do you see in  
18 the upper right-hand corner of the first  
19 page says reference to the call number?

20                A. Blank.

21                Q. Right. You see that area right  
22 there?

23                A. Hmm-mm.

24                Q. Is that what's also known as the  
25 CAD number?

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2                 A.       I cannot.

3                 Q.       Is there a portion of this  
4         document that would capture that information  
5         that is not indicating what that priority  
6         number was?

7                 A.       Our PCRs don't denote the  
8         priority number. It does not tell me how  
9         they received this job. I don't know what  
10       they got the call as.

11                Q.       The CAD number would help you  
12       get that information, right?

13                A.       The CAD number itself, unless  
14       you saw the job, the verbiage of the job,  
15       the CAD number itself isn't going to tell  
16       you.

17                Q.       The CAD number plus the report  
18       underlying the CAD number would give you the  
19       information?

20                A.       Yes.

21                Q.       Can you, looking at this  
22       document, determine whether or not lights  
23       and sirens were used to take the person or  
24       the patient to the hospital?

25                A.       I believe that what's the box

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2 underneath it is, but it's not clear on my  
3 copy. Does it say to destination?

4                 Q.     That's what it looks like to me.

5                 A.     So lights and sirens were not  
6 used.

7                 Q.     In that same row or box, there  
8 was a transport to code and a 34. Do you  
9 see that?

10                A.     Hmm-mm.

11                Q.     You have to say yes or no.

12                A.     Yes.

13                Q.     What does transport code 34 mean  
14 to you?

15                A.     The hospital number.

16                Q.     That's just a reference to  
17 Jamaica?

18                A.     Yes.

19                Q.     In that same box there is a  
20 category of run type emergency parenthesis  
21 immediate or nonemergency. You see that?

22                A.     Yes.

23                Q.     Is that an indication of how the  
24 ambulance goes to the scene?

25                A.     All 911 calls received are

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2       the reasons why his blood pressure was high.  
3       What I want to know is, based on your  
4       21 years of experience and training as an  
5       EMT and a paramedic, if you have a 120 as  
6       the bottom number on a blood pressure  
7       reading, what does that indicate to you is  
8       the possible issue that needs to be looked  
9       at medically?

10                  A.       It could be a blockage in any of  
11       his arteries, it could be a blood clot, it  
12       could be a medical -- family history that's  
13       undiagnosed, it could be any number of  
14       things.

15                  Q.       Do you agree with me that a  
16       recent traumatic event could also get that  
17       number to 120?

18                  MR. SHAFFER: Objection.

19                  A.       Anything's possible, possibly.  
20       I don't know. I don't have an answer for  
21       you.

22                  Q.       What does the top number 160  
23       mean to you?

24                  A.       That also is high.

25                  Q.       What does it medically indicate

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2       to you?

3                   MR. SHAFFER: Objection.

4                   A.       It's the force that the heart is  
5       working. So it's the contraction of the  
6       heart.

7                   Q.       Do you agree with me that  
8       trauma, mental or physical trauma will  
9       affect both of these numbers?

10                  MR. SHAFFER: Objection.

11                  A.       Yes.

12                  Q.       Do you agree with me that fear  
13       of physical injury will affect the numbers  
14       reflected in the blood pressure reading of a  
15       patient such as this?

16                  MR. SHAFFER: Objection.

17                  A.       I can't make that assumption.

18                  Q.       I am not asking you to make an  
19       assumption. I'm asking you for your opinion  
20       about whether or not fear of physical injury  
21       will increase somebody's blood pressure?

22                  MR. LEE: Just note my  
23       objection.

24                  MR. SHAFFER: Objection.

25                  A.       It will raise your blood

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2 pressure.

3                 Q.     Does a blood pressure reading of  
4     160 over 120 indicate that the patient is in  
5     cardiac arrest?

6                 MR. SHAFFER: Objection.

7                 A.     Then his blood pressure would be  
8     zero.

9                 Q.     Then the answer is no, it  
10    doesn't indicate cardiac arrest?

11                A.     Correct.

12                Q.     Does it indicate that there's a  
13    possibility of cardiac arrest?

14                MR. SHAFFER: Objection.

15                A.     I have no way to answer that.

16                Q.     All right, well, if you take a  
17    reading of a white male, who is 34-years old  
18    and you take their blood pressure and it's  
19    160 over 120, do you believe that it's a  
20    possibility that the person is going to die  
21    of a heart attack?

22                MR. SHAFFER: Objection.

23                A.     Not knowing the patient and not  
24    really knowing his medical history, I can't  
25    answer that.

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2                 Q.         So the answer to my question is  
3         no, you wouldn't draw a conclusion that  
4         there's a possibility of a heart attack,  
5         because you don't have enough information,  
6         right?

7                 A.         I don't know if I could answer  
8         that. Can he go into cardiac arrest from  
9         his blood pressure being this high -- there  
10        are other factors -- I can't answer --  
11        you're asking me a question that's  
12        multifaceted.

13                Q.         I'm not asking some person on  
14         the street. I'm asking you. You've been in  
15         this business for 23 years as an EMT and a  
16         paramedic. You have supervised both. I  
17         want to know whether or not if you take the  
18         blood pressure of a white male who is  
19         34 years old, does this blood pressure  
20         reading of 160 over 120 indicate to you that  
21         this person is at risk of a cardiac arrest  
22         or a heart attack?

23                MR. SHAFFER: Objection. Asked  
24                and answered.

25                A.         Is he at risk of a heart attack,

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1                   ELISE HANLON

2   quite possibly. There is no age limit on a  
3   heart attack. There are plenty of people  
4   that are under 34 that have heart attacks.

5                 Q.    Yeah, but that might be true.  
6   What I want to know is whether or not if the  
7   blood pressure readings that we have here of  
8   160 over 120 indicate that there's a  
9   possibility of a heart attack?

10          A.    Possibility.

11          Q.    Those numbers indicate a  
12   possibility of a heart attack?

13          A.    It's a possibility.

14          Q.    In the event that you get a  
15   reading of 160 over 120 for a white male who  
16   is 34-years old, what are the protocols for  
17   addressing that situation?

18          A.    Transport to the hospital.

19          Q.    Is that the only protocol?

20          A.    On the BLS level, yes, oxygen,  
21   transport to the hospital.

22          Q.    What do you mean on the BLS  
23   level?

24          A.    EMTs don't give medication other  
25   than Aspirin for cardiac issues.

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1                   ELISE HANLON

2                 Q.     Wouldn't it be consistent with  
3     sound practices to lie the patient down and  
4     try to calm the patient down and take their  
5     blood pressure reading again?

6                 MR. SHAFFER: Objection.

7                 A.     They took a second blood  
8     pressure.

9                 Q.     You're not answering my  
10   question. My question is if you got 160  
11   over 120 for a white male, wouldn't one of  
12   the protocols suggest that you lie the  
13   person down, calm them down and then in five  
14   or ten minutes take their blood pressure  
15   reading again?

16                 MR. SHAFFER: Objection.

17                 A.     We don't have a protocol that  
18     says lie the patient down and retake their  
19     blood pressure. It's not part of our  
20     protocol.

21                 Q.     So your protocol is take them to  
22     the hospital period, right?

23                 MR. SHAFFER: Objection.

24                 A.     There is no high blood pressure  
25     protocol. His vital signs were taken.

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1                   ELISE HANLON

2   According to the paper his vital signs were  
3   retaken. There is no written protocol that  
4   says lay the patient down and retake his  
5   blood pressure.

6                 Q.    Is there a practice of sitting  
7   or laying the patient down or getting the  
8   patient in a more relaxed physical condition  
9   and then retaking the person's blood  
10   pressure?

11                MR. SHAFFER: Objection.

12               A.    You're asking for -- is it  
13  practice when he gets removed to the  
14  ambulance and he's on a stretcher, is his  
15  blood pressure retaken, sure. Is he fully  
16  laying down, no, he's sitting up.

17               Q.    You're not answering my  
18  question, Lieutenant. It's very simple. Is  
19  it a practice when you take somebody's blood  
20  pressure and they give you a blood pressure  
21  reading of 160 over 120 for somebody who is  
22  a white male who is 34-years old, is there a  
23  practice of retaking that person's blood  
24  pressure within a few minutes shortly  
25  thereafter after they've had a chance to

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1                   ELISE HANLON

2 relax?

3                   MR. SHAFFER: Objection.

4                   A. His blood pressure was taken  
5 several minutes after.

6                   Q. You and I can read the document  
7 until we're blue in the face. That's not  
8 answering my question. Is there a practice  
9 of doing that?

10                  A. They're required to take two  
11 sets of vital signs. So they take two sets  
12 of vital signs. Is there a practice to  
13 change his position if he is hypertensive.  
14 There is no practice of changing his  
15 position if he is hypertensive.

16                  Q. Why is there a requirement that  
17 two vital signs be taken?

18                  A. That's the requirement that we  
19 have.

20                  Q. So you don't know why that there  
21 is a requirement that there be two vital  
22 signs taken?

23                  A. To see if there is a change.

24                  Q. Is there a requirement that the  
25 vital signs be taken from different arms?

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1                   ELISE HANLON

2                 Q.     Do you know that officers from  
3     ESU entered the apartment?

4                 A.     I don't know which officers,  
5     what command they were from entered the  
6     apartment.

7                 Q.     You saw people from the NYPD  
8     enter the apartment?

9                 A.     Yes.

10                Q.     You said to me that the EMTs  
11    from 50E3 entered the apartment, right?

12               A.     Yes.

13               Q.     With you, right?

14               A.     Yes.

15               Q.     What's the reference to C513?

16               A.     That's me.

17               Q.     What is C513?

18               A.     Conditions five one and three is  
19    the tour.

20               Q.     Can you explain that to me,  
21    please?

22               A.     Conditions is the unit, five one  
23    is the battalion area of the response and  
24    three is the time period of which we work.

25               Q.     And what time period were you?

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1                   ELISE HANLON

2                 Q.         You were a paramedic yourself,  
3 right?

4                 A.         Yes.

5                 Q.         So, is that the reason you  
6 needed a paramedic at the scene because they  
7 have all the equipment they needed?

8                 A.         Yes.

9                 Q.         Do you recall how long out the  
10 ETA was on the paramedics' arrival?

11                A.         I do not recall the exact time  
12 off the top of my head. Our protocol states  
13 if you can get to the hospital in less time  
14 than it takes for the paramedics to get  
15 there, then go.

16                Q.         So based on that, you believe  
17 that the ETA of the paramedics was greater  
18 than the time that it would take to get to  
19 the hospital?

20                A.         Yes.

21                Q.         Did the person in the apartment  
22 get taken to the hospital under an emergency  
23 situation?

24                   MR. SHAFFER: Objection.

25                 A.         I don't understand what you're

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1                   ELISE HANLON

2    -- rephrase your question.

3       Q.        Well, was it -- was the patient  
4       under the risk of some sort of serious  
5       medical condition or life-threatening  
6       condition at the time he was taken to the  
7       hospital?

8       A.       The EMTs on the scene deemed  
9       that the patient was stable enough that  
10      again, our protocol is if the patient is  
11      stable, that the transport to the hospital  
12      isn't life threatening. So he was not under  
13      a life threatening condition.

14      Q.       I'm going to play the recording  
15     that you listened to Thursday and I have  
16     some questions about that recording, but  
17     before we do that, I just want to show you  
18     what I am going to mark as Exhibit 67. This  
19     is a document Bates Stamped NYC5797 through  
20     5799. It's a summary of the interview that  
21     you had with the IAB?

22                  MR. SHAFFER: Just going to note  
23                  for the record that document is marked  
24                  as confidential and this portion of the  
25                  transcript should be marked as such and

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1                   ELISE HANLON

2                   separately bound.

3                   MR. SMITH: Well, we haven't  
4                   been separately bounding it. We have  
5                   just been labeling confidential on the  
6                   top. Can we mark this as confidential  
7                   without separately bounding it?

8                   MR. SHAFFER: No, it's supposed  
9                   to be separately bound and I believe  
10                  that's what the confidentiality stip  
11                  contemplated when it was entered into  
12                  by the parties. I know you may not  
13                  agree with that portion, but as it  
14                  stands now that's how it's supposed to  
15                  be.

16                  MR. SMITH: All right, well I'm  
17                  not going quibble with you about it.  
18                  It just seems to make a lot more sense  
19                  to just mark it confidential without  
20                  having a separate binding, but if you  
21                  all insist on that, that I guess is  
22                  your right. I don't know. I'm not  
23                  going to fight with you about it. I'll  
24                  leave that up to you, if you want to  
25                  have it separately bound, we'll

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1                   ELISE HANLON

2                   separately bounded and if you don't  
3                   really care, which I would urge you to  
4                   reconsider, then we will just mark it  
5                   as confidential the way the court  
6                   reporter indicated.

7                   MR. SHAFFER: Separately bound  
8                   is our preference.

9                   MR. SMITH: Okay. Confidential.

10                  (WHEREUPON, THE FOLLOWING  
11                  CONFIDENTIAL PORTION, PAGES 219 THROUGH  
12                  222, WERE DESIGNATED CONFIDENTIAL BY  
13                  COUNSEL PURSUANT TO PROTECTIVE ORDER  
14                  AND BOUND UNDER SEPARATE COVER  
15                  DESIGNATED CONFIDENTIAL.)

16

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1                   ELISE HANLON  
2  
3  
4  
5  
6

7                   Q.         Just go back to 65 for a second,  
8 which is the PCR or the patient care report.  
9 Going through that document for some detail  
10 over the past hour so and you were witness  
11 to a lot of the events that are set forth in  
12 this document. So with that backdrop, I'd  
13 also like to know whether or not there is  
14 anything in the PCR that you believe is  
15 indicated here as incorrect?

16                  MR. OSTERMAN: Just note my  
17                  objection.

18                  A.         I mean, they documented that he  
19 said no chest pains. We were told that he  
20 had chest pains. You know, I don't know  
21 whether that's a correct statement or not.  
22 I didn't ask the patient himself and I don't  
23 know whether they did in the ambulance and  
24 what the response was. I was not privy to  
25 that.

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1                   ELISE HANLON

2                 Q.         Okay. So you're indicating to  
3 me that that's one area that may or may not  
4 be correct, right?

5                 A.         I don't know. Yes, that's the  
6 indication.

7                 Q.         Is there anything else on this  
8 document the facts as you understand them  
9 indicate maybe there is something incorrect  
10 here on this form?

11                 MR. OSTERMAN: Objection.

12                 A.         As I recall he was inside the  
13 ambulance when he walked downstairs and this  
14 document says he was outside the ambulance.  
15 I recall him being inside the ambulance.

16                 Q.         Okay. Thank you. Is there  
17 anything else that's set forth in this  
18 document, either on the first or the second  
19 page, that you believe may be incorrect or  
20 that you disagree with?

21                 MR. OSTERMAN: Objection.

22                 A.         Not that's standing out in front  
23 of me.

24                 Q.         I'm just going to play the  
25 recording that you listened to on Thursday.

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1                   ELISE HANLON  
2                   MR. SMITH: This is from  
3                   plaintiff's production. It's a tape  
4                   that's identified as DS - -- DS.50\_31  
5                   and I will give you the full title in a  
6                   second. 31 October 2009\_ home  
7                   invasion..WMA.

8                   I'm starting at 000.

9                   (Whereupon, a tape recording was  
10                  played.)

11                  MR. SMITH: I'm stopping this at  
12                  one minute and one second.

13                  Q. Lieutenant, is this the  
14                  recording that you listened to on Thursday?

15                  MR. SHAFFER: Objection.

16                  A. Yes.

17                  MR. SMITH: I will rephrase it.

18                  Q. Does this sound like the  
19                  recording that you listened to on Thursday?

20                  A. Yes.

21                  Q. When whoever it was that entered  
22                  the apartment and said let me see your  
23                  hands, were you present in the apartment  
24                  when those words were uttered to Officer  
25                  Schoolcraft?

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1                   ELISE HANLON

2                   A.         No.

3                   Q.         Did you hear those words  
4         uttered, other than on the tape recording?

5                   A.         No.

6                   MR. SMITH: All right,  
7         continuing with the recording.

8                   (Whereupon, a tape recording was  
9         played.)

10                  MR. SMITH: All right, I'm  
11         stopping it at 117.

12                  Q.         Did you hear on that day,  
13         October 31, the exchange that you just heard  
14         on the tape where the person in the  
15         apartment said he took some Nyquil?

16                  A.         I don't remember, no.

17                  Q.         All right, I am going to  
18         continue playing the recording, just to sort  
19         of be efficient with all of our time, could  
20         you let me know when it is that you in the  
21         recording believe you were first in the  
22         apartment; okay?

23                  A.         Yes.

24                  Q.         All right, thank you.

25                   (Whereupon, a tape recording was

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1                   ELISE HANLON

2                 played.)

3                 MR. SMITH: All right, I'm  
4                 stopping the recording at two minutes  
5                 and 13 seconds.

6                 Q.         Are you in the room by this  
7                 time?

8                 A.         I don't remember I'm in the  
9                 room. I mean, I heard them talking -- him  
10                talking to the chief or the captain,  
11                somebody in a white shirt, but I don't  
12                remember if I remember the conversation from  
13                being in the room or in the tape.

14                Q.         Okay, fair enough. So again,  
15                with the same request not -- I don't want  
16                your speculation about when you entered the  
17                room, but listening to the recording, can  
18                you tell me when for the first time you're  
19                in the room?

20                A.         Okay.

21                (Whereupon, a tape recording was  
22                played.)

23                MR. SMITH: All right, I'm  
24                stopping the recording at two minutes  
25                and 44 seconds.

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1                   ELISE HANLON

2                 Q.     Did you hear anybody say to  
3     Officer Schoolcraft that somebody was  
4     concerned about his safety or his well-being?

5                 A.     I don't remember if we were in  
6     the apartment or not. I don't recall when  
7     we got in there.

8                 Q.     Okay.

9                 A.     Again, this point everything  
10    sounds...

11                Q.     All right, putting aside the  
12    tape recording, did anybody at the scene  
13    tell you before you entered the apartment  
14    that there was concern about Officer  
15    Schoolcraft's safety?

16               A.     No.

17                   MR. SMITH: Resuming the  
18    recording at 244.

19                   (Whereupon, a tape recording was  
20    played.)

21                   MR. SMITH: I am stopping the  
22    recording at 305 or 306.

23                 A.     I think we were in the room for  
24    this.

25                 Q.     When you say we, you mean you

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1 ELISE HANLON

2 and the EMTs?

3 A. Yes.

4 Q. When you say in the room, do you  
5 mean at the doorsill to the bedroom or do  
6 you mean in the apartment?

7 A. The doorsill to the bedroom.

8 Q. So there was -- when you first  
9 entered the apartment, you're entering into  
10 what kind of room, if you remember?

11 A. Very clustered. The whole  
12 apartment was very cluttered.

13 Q. Okay, but what kind of a room  
14 was it that you were entering into?

15 A. Hallway and then to the left I  
16 think it was the bedroom.

17 Q. How long were you in that first  
18 room before you got to the threshold of the  
19 bedroom?

20 A. I never went into -- I don't  
21 think I ever fully went into the bedroom.

22 Q. No, I understand that. You told  
23 me you got to the threshold or the doorsill  
24 of the bedroom?

25 A. Yes.

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1                   ELISE HANLON

2                 Q.     How long were you in that room  
3     at the threshold?

4                 A.     I don't have no time.

5                 Q.     Okay. So do I understand you  
6     to be saying around this time you believe  
7     that you and the other EMTs are at the  
8     threshold and you can hear what's being  
9     said?

10                A.     Yes.

11                MR. SMITH: Continuing at 306.

12                (Whereupon, a tape recording was  
13     played.)

14                Q.     Did you hear anybody from the  
15     New York City Police Department tell the  
16     person in the apartment that they wanted him  
17     to go back to the 81st Precinct to  
18     investigate why he left?

19                A.     It wasn't something I was paying  
20     attention to.

21                Q.     So sitting here today, you don't  
22     have a recollection of whether or not you  
23     heard those words, right?

24                A.     No, I don't recall.

25                Q.     Did you have any reason to doubt

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1                   ELISE HANLON

2    that those words weren't spoken?

3                   MR. SHAFFER: Objection.

4                   A.        No.

5                   Q.        As of this point in the  
6 recording, does the person in the apartment  
7 appear to you to be acting in an emotionally  
8 disturbed fashion?

9                   MR. KRETZ: What point are we  
10                  at, Nat?

11                  MR. SMITH: 3.23.

12                  A.        Not a -- doesn't appear to be  
13 acting like an EDP.

14                  MR. SMITH: All right,  
15 continuing the recording at 323.

16                  (Whereupon, a tape recording was  
17 played.)

18                  MR. SMITH: I'm going to stop  
19 the recording here at four minutes and  
20 36 seconds.

21                  Q.        As of this time in the recording  
22 are you still in the threshold of the  
23 bedroom?

24                  A.        I believe so.

25                  Q.        All right, as of that part that

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1                   ELISE HANLON

2   I just stopped at four minutes and 36  
3   seconds, was the person in the apartment,  
4   Officer Schoolcraft, acting as an EDP?

5                   MR. SHAFFER: Objection.

6                   A.       Although, it doesn't appear loud  
7   on the tape, in person it appeared everybody  
8   yelling at each other, it was loud. You  
9   know, was he acting like an EDP -- he was  
10   acting agitated.

11                  Q.       He was acting agitated, but he  
12   wasn't acting like an EDP, right?

13                  MR. SHAFFER: Objection.

14                  A.       Then again, there's different  
15   degrees of EDP. Was he an EDP --

16                  Q.       Lieutenant, you told me --

17                  MR. SHAFFER: Let her finish.

18                  Q.       You've told me that you have  
19   experience with hundreds of EDPs and I'm  
20   asking you a simple question. As this point  
21   in the recording, do you have an opinion  
22   about whether or not the person in the  
23   apartment is acting like an EDP?

24                  MR. SHAFFER: Objection.

25                  Q.       If you confine yourself to

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1                   ELISE HANLON  
2 answering my questions, we can all go home a  
3 little earlier today.

4                   A.         He was acting agitated. He was  
5 acting uncooperative. Does it make him an  
6 EDP, no.

7                   Q.         Did you see Officer Schoolcraft  
8 approach any of the police department  
9 personnel there in a belligerent manner,  
10 physically get in their face?

11                  A.         I did not see that.

12                  Q.         Did you ever have any  
13 discussions with anybody about the fact that  
14 Officer Schoolcraft, the person in the  
15 apartment, got in somebody's face?

16                  A.         No, I did not.

17                  MR. SMITH: Continuing the  
18 recording at four minutes and 36  
19 seconds.

20                  (Whereupon, a tape recording was  
21 played.)

22                  MR. SMITH: Stopping the  
23 recording at 528.

24                  Q.         Did you witness the events that  
25 we just heard on the tape?

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1                   ELISE HANLON

2                 A.     Did I physically witness them --  
3     I didn't think they did anything. I was not  
4     in the room.

5                 Q.     Were you still at the threshold?

6                 A.     Still where I was. Whether I  
7     was talking to my crew -- they're  
8     interactions don't concern me.

9                 Q.     Whose interactions --

10                A.     The police department's  
11     interaction with the patient and what his  
12     issues are with the police department don't  
13     concern me, don't concern my crew, don't  
14     concern his patient care. I don't really  
15     care what the conversation was.

16                Q.     As of this point in the  
17     recording, 528, did you have any reason to  
18     be concerned about Officer Schoolcraft's  
19     medical condition?

20                A.     I didn't know what his medical  
21     condition was.

22                Q.     So you didn't have any reason to  
23     be concerned about it, right?

24                A.     Correct.

25                MR. SMITH: All right,

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1                   ELISE HANLON

2                   continuing the recording at 528.

3                   (Whereupon, a tape recording was  
4                   played.)

5                   MR. SMITH: I'm going to stop  
6                   the recording at 641.

7                   Q.         Did you see Officer Schoolcraft  
8                   talk on his cell or other phone?

9                   A.         No, I did not.

10                  MR. SMITH: Continue the  
11                  recording at 641.

12                  (Whereupon, a tape recording was  
13                  played.)

14                  MR. SMITH: I'm stopping the  
15                  recording at 826.

16                  Q.         During this eight-minute period,  
17                  did you have any conversations with anybody  
18                  from NYPD while you were in that foyer or  
19                  adjoining room?

20                  A.         No.

21                  Q.         Did you hear Officer Schoolcraft  
22                  say he wasn't feeling well?

23                  A.         I didn't hear it.

24                  MR. SMITH: Continue the  
25                  recording at 826.

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1                   ELISE HANLON

2                   (Whereupon, a tape recording was  
3                   played.)

4                   MR. SMITH: I am stopping at  
5                   842.

6                   Q.         Did you recognize any of the  
7                   voices that you just heard?

8                   A.         No, I didn't recognize the voice  
9                   we heard, but he just said I have an  
10                  ambulance downstairs. Maybe we weren't up  
11                  there yet, but the conversation that he had  
12                  between the commanding officers sounded  
13                  familiar. So I'm not sure what the  
14                  timeframe was.

15                  Q.         Are you telling me that you  
16                  weren't upstairs during this period of time?

17                  A.         Now I'm unsure.

18                  Q.         And you're unsure because you  
19                  overheard somebody say there is an ambulance  
20                  downstairs?

21                  A.         Yeah, I'm unsure whether we were  
22                  there at that point.

23                  Q.         I hear what you're saying. I  
24                  just want to know is the reason why you're  
25                  saying you're unsure is because you heard

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1                   ELISE HANLON

2   somebody say we have an ambulance  
3   downstairs?

4                 A.       That question -- that's making  
5   me question whether we were there before  
6   that transpired.

7                 Q.       Okay. Is there anything else  
8   that's making you question whether or not  
9   you or the other EMT crew were there before  
10   those words were uttered?

11               A.       No.

12               MR. SMITH: All right,  
13   continuing at 842.

14               (Whereupon a tape recording was  
15   played.)

16               Q.       Do you recognize that voice?

17               A.       Can you?

18               MR. SMITH: Sure I can bring it  
19   back. Going back panel to 900 or 901.

20               (Whereupon, a tape recording was  
21   played.)

22               MR. SMITH: I'm pausing it at  
23   1027.

24               Q.       Do you recognize the voice of  
25   the person speaking to Officer Schoolcraft?

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1                   ELISE HANLON

2                   A.       Yes.

3                   Q.       Who is that?

4                   A.       Sal Sangianetti.

5                   Q.       How long had you known Sal  
6                   Sangianetti as of October 2009?

7                   A.       Twenty years.

8                   MR. SMITH: Continuing at  
9                   1027 --

10                  Q.       Before I start, do you recall  
11                  Sal approaching Officer Schoolcraft?

12                  A.       Yes.

13                  Q.       Where were you when Sal  
14                  approached Officer Schoolcraft?

15                  A.       Behind him at some distance.

16                  Q.       At what distance?

17                  A.       He walked into the room, I was  
18                  somewhere again, the doorway or at the edge  
19                  of the room.

20                  Q.       Did you cross the threshold into  
21                  his bedroom?

22                  A.       I don't know.

23                  Q.       How many feet were you from the  
24                  patient when Sal was asking you questions?

25                  A.       I don't know.

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1                   ELISE HANLON

2       Q.        You have no way of measuring how  
3       many feet you were from the patient?

4       A.        I don't know.

5       Q.        Was the patient sitting or  
6       standing?

7       A.        I believe he was sitting.

8       Q.        What was he sitting on?

9       A.        I believe it was a bed.

10                  MR. SMITH: All right,  
11                  continuing at 1027 --

12       Q.        Where is the EMT at this point?

13       A.        I'm not sure if she's in the  
14       room or she's behind me. I don't know where  
15       she is.

16                  MR. SMITH: All right,  
17                  continuing at 1027.

18                  (Whereupon, a tape recording was  
19                  played.)

20                  MR. SMITH: I am stopping at  
21                  1121.

22       Q.        Is Sal taking Schoolcraft's  
23       vitals at this point?

24       A.        I believe so.

25       Q.        So while Officer Schoolcraft is

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1                   ELISE HANLON  
2 sitting on his bed, Sal is taking his blood  
3 pressure, right?

4                   A.       I can't be sure what the  
5 timeframe is of this conversation and his  
6 blood pressure. I don't know.

7                   Q.       That's my question.

8                   A.       I don't --

9                   Q.       Is --

10                  A.       I don't know.

11                  Q.       -- Sal taking Officer  
12 Schoolcraft's blood pressure during this  
13 conversation that we just were listening to?

14                  MR. SHAFFER: Objection.

15                  A.       I don't know.

16                  Q.       Do you think the tone of the  
17 NYPD chief's conversation with Officer  
18 Schoolcraft was such that would elevate  
19 someone's blood pressure?

20                  MR. SHAFFER: Objection.

21                  A.       I can't answer that question.

22                  MR. SMITH: 1121, continuing  
23 with the recording.

24                  (Whereupon, a tape recording was  
25 played.)

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1                   ELISE HANLON

2         A.        He's taking it there.

3         Q.        Did you hear at 1142 the sound  
4         of the blood pressure being taken?

5         A.        Yes.

6         Q.        That was just seconds before the  
7         chief told him he was being suspended?

8         A.        The blood pressure was after he  
9         said it.

10        Q.        He was told he was going to e  
11        suspended and then you could hear the sound  
12        of a blood pressure machine pumping, right?

13        A.        Yes.

14                  MR. SMITH: Continuing at 1142.

15                  (Whereupon, a tape recording was  
16         played.)

17                  MR. SMITH: I'm stopping at  
18         1205.

19         Q.        Did you hear Sal say that  
20        Officer Schoolcraft's blood pressure was 160  
21        over 120?

22         A.        To the best of my memory, yes.

23         Q.        Do you think that the  
24        circumstances that Officer Schoolcraft was  
25        in at that time with all these officers

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1                   ELISE HANLON  
2   standing in the apartment and him being told  
3   he was going to be suspended contributed to  
4   the high blood pressure reading?

5                   MR. SHAFFER: Objection.

6                   MR. OSTERMAN: Objection.

7                   MR. KRETZ: Objection.

8                   MR. KOSTER: Objection.

9                   MR. LEE: Objection.

10                  A.        Possibility. I don't know.

11                  Q.        What further information would  
12   you require in order to know whether or not  
13   those circumstances would elevate somebody's  
14   blood pressure?

15                  MR. KRETZ: Objection.

16                  MR. SHAFFER: Objection.

17                  A.        It would depend on the person.  
18   It depends on the history. It would depend.  
19   Not everybody's blood pressure gets  
20   elevated. I can't make that assumption.  
21   You're asking me to make an assumption that  
22   I cannot.

23                  Q.        The assumption is what; what  
24   assumption am I asking you to make?

25                  A.        You are asking me to make an

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1                   ELISE HANLON  
2 assumption that the interaction caused his  
3 blood pressure to rise.

4                 Q.        No.    No.   I'm asking you  
5 if, in your experience for the past 23 years  
6 as an EMT and as a paramedic for the fire  
7 department and before that as an EMT of  
8 private ambulances, in your experience would  
9 the circumstances just as you just heard  
10 them with all these people standing in his  
11 apartment and him being told that he was  
12 being suspended, were those circumstances  
13 consistent with somebody's blood pressure  
14 being elevated?

15                 MR. LEE: Objection.

16                 MR. SHAFFER: Objection.

17                 MR. KRETZ: Objection.

18                 MR. OSTERMAN: Objection.

19                 A.        Maybe.

20                 Q.        Well, what would it depend on?

21                 MR. SHAFFER: Objection.

22                 A.        I can't reiterate it enough  
23 times. It would depend on the person, it  
24 would depend on the circumstances, it would  
25 depend on history. I can't answer that

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1                   ELISE HANLON

2 question. I am not an expert on blood  
3 pressures.

4                   Q.         How many times have you taken  
5 somebody's blood person?

6                   MR. SHAFFER: Objection.

7                   A.         A lot.

8                   Q.         Over 1,000 I'd say, right?

9                   A.         Probably.

10                  MR. SHAFFER: Objection.

11                  Q.         Who is an expert on blood  
12 pressure if you're not?

13                  MR. SHAFFER: Objection.

14                  A.         Consult with a physician.

15                  MR. SMITH: All right, 1205  
16 continuing with the recording.

17                  (Whereupon, a tape recording was  
18 played.)

19                  Q.         Is that your voice in the  
20 background saying Sal, Sal?

21                  A.         Yes.

22                  Q.         What are saying to Sal?

23                  A.         I have no idea.

24                  Q.         What is he saying back to you?

25                  A.         I have no idea.

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1                   ELISE HANLON

2       Q.        Why were you calling out to him?

3       A.        I don't remember. It was four  
4       years ago, five years.

5       Q.        And listening to the tape  
6       recording you don't have a recollection  
7       about why you were saying Sal, Sal to him?

8       A.        I don't know.

9                   MR. SMITH: Continuing at 1215.

10                  (Whereupon a tape recording was  
11       played.)

12       Q.        What's the reference to  
13       city-wide, do you know what that's a  
14       reference to?

15       A.        The radio.

16       Q.        Is that relating to this job?

17       A.        No.

18       Q.        What's it relating to?

19       A.        Somebody else's job.

20       Q.        Does having a pulse rate of 115  
21       consistent with the circumstances that were  
22       facing Officer Schoolcraft?

23       A.        Possibly. I don't know what his  
24       normal blood pressure is or pulse is.

25       Q.        If you look at Exhibit 65, this

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1                   ELISE HANLON  
2 indicates that his pulse was taken at 21:45,  
3 is that the time that the pulse was being  
4 taken by Sal as indicated in the recording?

5                   MR. SHAFFER: Objection.

6                   A.         Should be.

7                   Q.         So the pulse rate here says in  
8 the documents 165 and it's 120, that's an  
9 error, right?

10                  MR. OSTERMAN: Objection.

11                  MR. SHAFFER: Objection.

12                  A.         Okay. I didn't write it.

13                  Q.         Do you agree with me that it's  
14 an error?

15                  MR. OSTERMAN: Objection.

16                  MR. SHAFFER: Objection.

17                  A.         Yes.

18                  Q.         Is the difference between a  
19 pulse rate of 115 and 120 a significant  
20 difference?

21                  MR. SHAFFER: Objection.

22                  A.         Not significant.

23                  Q.         Is it insignificant?

24                  A.         It's five beats. It depends on  
25 how you add it or multiplied or how you felt

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1                   ELISE HANLON

2   them. Maybe you took it and within ten,  
3   within five.

4                 Q. Well, but the information set  
5   forth in the PCR is supposed to be right,  
6   isn't it?

7                 MR. SHAFFER: Objection.

8                 A. Yes.

9                 MR. SMITH: All right,  
10   continuing at 1230.

11                 (Whereupon, a tape recording was  
12   played.)

13                 MR. SMITH: Stopping at 1303.

14                 Q. After Sal said he's going to go  
15   to the hospital, what did he say, we're  
16   going to give him therapy, what did he say?  
17   Did you make that out?

18                 A. I --

19                 Q. You didn't hear that.

20                 MR. SMITH: All right, I'm going  
21   to go back to 1300, see if you can make  
22   that out for me.

23                 (Whereupon, a tape recording was  
24   played.)

25                 MR. SMITH: So going to go back

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1                   ELISE HANLON

2                   to 1250 and start there -- or 1249.

3                 Q.         After he says he's going to go  
4         to the hospital, Sal says something and I'm  
5         trying to see if you can help me discern  
6         what that is; okay?

7                 A.         Yes.

8                 Q.         Did he say oh, we're taking him  
9         34?

10                A.         Yes.

11                Q.         And that's a reference to  
12         Jamaica?

13                A.         Yes.

14                Q.         Thirty four is a code for  
15         Jamaica?

16                A.         Yes.

17                Q.         Why, to your understanding, did  
18         Sal say they were going to take him to  
19         Jamaica?

20                   MR. OSTERMAN: Objection.

21                   MR. SHAFFER: Objection.

22                 A.         We had this discussion hours  
23         ago, closest hospital, first choice.

24                 Q.         Okay, but you didn't have a  
25         computer up in the room, did you?

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1                   ELISE HANLON

2                   MR. SHAFFER: Objection.

3                   A.       No.

4                   Q.       Did you know that you were going  
5                   to take him to Jamaica before you went into  
6                   the apartment?

7                   A.       I personally, no. No, I did  
8                   not. Whether they again, whether the  
9                   computer recommendations come up in the  
10                  computer and they pulled it up before they  
11                  came up and it said they were the first  
12                  recommending unit -- hospital, I don't know.

13                  MR. SMITH: Okay, all right. So  
14                  starting at 1301.

15                  (Whereupon, a tape recording was  
16                  played.)

17                  Q.       Is that your voice in the  
18                  background?

19                  A.       Yes.

20                  Q.       What are you saying?

21                  A.       The location of the hospital.

22                  Q.       What hospital?

23                  A.       North Shore Forest Hills.

24                  Q.       So you heard Officer Schoolcraft  
25                  say he wanted to go to Forest Hills?

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1                   ELISE HANLON

2         A.     Apparently I did.

3         Q.     No, it's not apparently. Did  
4 you hear him say that he wanted to go to  
5 Forest Hills?

6                   MR. SHAFFER: Objection.

7         A.     As per the tape I did.. Did I  
8 recall, it's five years ago, I didn't  
9 recall.

10        Q.     Okay, all right. So there is a  
11 difference and it's important that the  
12 record be clear about what it is you're  
13 testifying about. I understand if you don't  
14 remember hearing or saying something five  
15 years ago, but I am trying to find out what  
16 you do recall and don't remember, what you  
17 agree with me the tape says or what you  
18 don't agree with me what the tape says;  
19 okay?

20        A.     I agree that it was said in my  
21 presence in the room.

22        Q.     And you agree with me that while  
23 you were in the room you were providing  
24 information about where Forest Hills was,  
25 right?

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1                   ELISE HANLON

2                   A.         Yes.

3                   Q.         And you were providing that  
4 information to Sal, right?

5                   A.         I don't know -- he knows where  
6 it is. I don't know who I was providing the  
7 information to.

8                   Q.         Were you providing the  
9 information so that it could be used to take  
10 the patient to Forest Hills?

11                  MR. SHAFFER: Objection.

12                  A.         It could have been a cop that  
13 asked me. It could have been -- I don't  
14 know who asked me.

15                  MR. SMITH: All right. 1316  
16 continuing.

17                  (Whereupon a tape recording was  
18 played.)

19                  Q.         All right, was that you saying I  
20 think Jamaica would be a better choice than  
21 Forest Hills?

22                  A.         Yes.

23                  Q.         Why were you saying that?

24                  A.         Just past experience, being a  
25 patient their triage system is more

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1                   ELISE HANLON  
2 efficient, it's a cardiac center, it's a  
3 trauma center, it's a psych center, it's  
4 just a bigger hospital. It has more  
5 facilities.

6                   Q.         So the patient hadn't complained  
7 about anything, other than not feeling well,  
8 right, at that time point; isn't that  
9 correct?

10                  A.         That is correct.

11                  Q.         At this point he was wasn't  
12 acting in an emotionally disturbed manner,  
13 was he?

14                  MR. SHAFFER: Objection.

15                  A.         While we were in the room, no,  
16 he was not.

17                  Q.         As of this point in the tape, he  
18 wasn't acting as an emotionally disturbed  
19 person, right?

20                  MR. SHAFFER: Objection.

21                  A.         No, he was not.

22                  Q.         So if the patient asked to go to  
23 Forest Hills, why wouldn't you abide by that  
24 request?

25                  MR. SHAFFER: Objection.

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1 ELISE HANLON

2 MR. SMITH: I will rephrase  
3 that.

4 Q. You heard Officer Schoolcraft  
5 asking to be taken to Forest Hills, right?

6 A. Yes.

7 Q. You heard yourself saying that  
8 he should go to Jamaica, right?

9 A. Yes.

10 Q. Why isn't the patient entitled  
11 to make the decision about where to go?

12 A. Given the events of why we were  
13 there, given the events of the fact of how  
14 many police officers were there, given the  
15 fact I guess, just generally of the yelling  
16 and screaming back and forth, being  
17 uncooperative, you took Nyquil, but there  
18 was nothing wrong with you. Maybe he wasn't  
19 completely being honest with us or he was in  
20 denial of what was going on with him, my  
21 view was that Jamaica was a better choice  
22 for him.

23 Q. Because there was a psych ward  
24 there, right?

25 A. Yes.

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ELISE HANLON

Q. And that's the only reason?

MR. KOSTER: Objection.

MR. OSTERMAN: Objection.

5           A.       Not the only reason. Number  
6 one, I believe closer to his house, they're  
7 a cardiac center, they're a trauma center,  
8 they're a full ER, they have a C-port if  
9 needed and they have a psych facility. So  
10 they have more a --

MR. SHAFFER: Services.

12           A.         Services than North Shore Forest  
13         Hills does.

22 MR. SMITH: Continue the  
23 recording at 1329.

24 (Whereupon, a tape recording was  
25 played.)

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1                   ELISE HANLON

2                 Q.         Is that your voice asking how  
3         old he is?

4                 A.         No. Sal asked him how old he  
5         was.

6                 Q.         You didn't hear yourself asking  
7         how old he was also?

8                 A.         I -- I didn't hear.

9                   MR. SMITH: Continuing at 1355.

10                  (Whereupon, a tape recording was  
11         played.)

12                  Q.         Who was speaking at that point  
13         where Officer Schoolcraft asks about whether  
14         or not information can be shared?

15                  A.         That was me who said his blood  
16         pressure to someone. One of the officers in  
17         the other room asked.

18                  Q.         So another police officer asked  
19         you what his blood pressure was?

20                  A.         Yes.

21                  Q.         And you told him?

22                  A.         I did say it, yes.

23                  Q.         Was that proper?

24                  MR. SHAFFER: Objection.

25                  A.         Not a HIPAA violation.